Southwestern Indian Polytechnic Institute
United States Department of Interior – Bureau of Indian Education
9169 Coors Blvd NW, Albuquerque, NM 87120
P.O. Box 10146 Albuquerque, NM 87184
"A National Indian Community College"

Website: *www.sipi.edu* ***Email:*** *admissions@sipi.edu* ***Phone: 505-346-2338/ 800-586-7474***

All applicants seeking admission to SIPI must submit the six (6) items listed below before the Office of Admissions process an application. Please make sure the application is complete and all required documents are attached prior to submitting your application to SIPI.

ADMISSIONS CHECKLIST:

☐ **Completed Application –** Please use only your legal name, no nicknames.

☐ **Verification of Tribal Affiliation –** Applicants must provide official verification of Tribal Membership in a U.S. Federally recognized Tribe. This verification can come from a Bureau of Indian Affairs (BIA) Agency or Tribal Enrollment office. SIPI accepts American Indian and Alaskan Natives with the following:

- Certificate of Indian Blood with one quarter percent or more blood quantum.
- Descendent of an enrolled member of a tribe: provide documentation with one quarter degree Indian blood signed by a BIA agency or the federal recognized tribe.

☐ **Official High School Transcript or GED/HSE Test Scores –** Contact the last high school you attended to obtain your **Official** transcript(s) showing date of graduation OR the GED/HSE testing center to obtain your GED/HSE scores showing date of completion.

☐ **Official College/Postsecondary transcripts** (if any) of all institutions attended. Needs to be in a sealed envelope or use admissions@sipi.edu for official college submissions.

☐ **Physical Examination –** Contact your local Indian Health Service (IHS) hospital or clinic OR your private physician and have them complete the Indian Health Service Report of Medical Examination (HRSA-197). This form is for you as a student applicant, not your children.

☐ **Immunization Record –** Must have current MMR I & II immunizations.

Deadline date for receipt of application and all required documents is available on the School Calendar or on the SIPI website at **http://www.sipi.edu**.

MAIL APPLICATION to:
SIPI Office of Admissions
PO Box 10146
Albuquerque, NM 87184

Email Application with Digital Signature to **admissions@sipi.edu**

Or Call 1-800-586-7474

APPLICATION FOR ADMISSION

SOUTHWESTERN INIDAN POLYTECHNIC INSTITUTE
United States Department of Interior – Bureau of Indian Education
9169 Coors Blvd NW, Albuquerque, NM 87120
"A National Indian Community College"

Website: *www.sipi.edu* ***Email:*** *admissions@sipi.edu* ***Phone: 505-346-2338/ 800-586-7474***

Which semester do you intend to attend SIPI? ☐ FALL ☐ SPRING ☐ SUMMER YEAR: _____

I am applying as a: ☐ NEW STUDENT ☐ READMIT ☐ TRANSFER ☐ NON-DEGREE
*(**New Student**: Never attended college/trades school – **Readmit**: Continue to attend SIPI – **Transfer**: from another college)*

Full Name: _____ _____
Last Name First Name Middle Maiden Name/ Previous Name

Address: _____ **City**: _____ **State**: _____ **Zip Code**: _____

Current Email Address: _____ **Phone Number:** (____) _____

Date of Birth: ____/____/____ **Place of Birth:** _____ **Social Security Number:** _____

Gender: ☐ Male ☐ Female **Marital Status:** ☐ Single ☐ Married **Are you a single parent?** ☐ No ☐ Yes

Are you a U.S. Veteran? ☐ Yes ☐ No If Yes, attach a copy of your DD-214 form.
Will you need student dormitory housing? ☐ Yes ☐ No If Yes, attach a completed housing application.
Are you currently on a pending Criminal Probation or Parole? ☐ Yes ☐ No If Yes, please explain: _____
_____

Are you a member of a U.S. Federally Recognized Tribe? ☐ Yes ☐ No Name of Tribe: _____
Please attach a copy of your Certificate of Indian Blood (CIB).

Do you speak your Tribal Language? ☐ Yes ☐ No **Do you reside on your tribal reservation?** ☐ Yes ☐ No
How well do you speak your Tribal Language? ☐ Basic ☐ Intermediate ☐ Fluent

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Did you graduate from High School? ☐ Yes ☐ No **HS Graduation Date**: _____/_____/_____

Name of High School: _____
Please send an official copy of your high school transcript showing your graduation date.

Have you taken a High School Equivalency Test (HSET)/GED? ☐ Yes ☐ No **Date of Exam:** _____/_____/_____

Have you attended a class or dropped a course at another college, university or trades school? ☐ Yes ☐ No
If yes, please complete the table below then submit OFFICIAL college transcripts to ***admissions@sipi.edu***:

TRANSFER AND READMISSION STUDENTS: List all colleges and universities in order of attendance.			
NAME OF SCHOOL	ADDRESS	DATES ATTENDED	CREDITS EARNED

OMB Control NO: 1076-0114
EXP: 9/30/2029

Emergency Contact: _____ **Relation**: _____ **Phone**: (____) _____

Do you require an accommodation? ☐ Yes ☐ No Contact Student Services at (505)922-4093 regarding your disability. SIPI ensures access to services for students in compliance with the American Disabilities Act.

Are you the first generation of your family to attend a post-secondary educational Institution? ☐Yes ☐No

Highest Level of Education for Each Parent:
Mother's Education: ☐HS/GED ☐Certificate ☐Associate Degree ☐Bachelor Degree ☐Graduate Degree ☐N/A
Father's Education: ☐HS/GED ☐Certificate ☐Associate Degree ☐Bachelor Degree ☐Graduate Degree ☐N/A

Assessment Survey: What is your current objective in attending SIPI? Select all that apply to you.

☐ Obtain an Associate's Degree
☐ Obtain a Certificate
☐ Transfer to another college or university
☐ Preparation to change careers
☐ Self-Improvement and/or to improve basic skills
☐ Preparation to enter the job market
☐ Meet Certification/ Licensure requirements
☐ Personal interests
☐ Explore courses
☐ Improve skills for present job
☐ Undecided/Unknown

Intended Field of Study: See programs of study in the college catalog

Enrollment Status: ☐ Full-Time Student *(12 credits or more)* ☐ Part-Time Student *(12 credits or less)*

Degree you are pursuing: ☐ Associates Degree ☐ Certificate ☐ Non-Degree

Write your educational Major/Program: _____

CERTIFICATION:

This verifies that all application information I submitted to Southwestern Indian Polytechnic Institute (SIPI) is complete and true. Reporting any false application information may be grounds for denying admissions or suspension from the institution. I also agree to abide by all the rules and regulations of SIPI.

Applicant Signature: _____ **Date:** _____

FOR PARENT /GUARDIAN OF A MINOR APPLICANT UNDER 18 YEARS OF AGE

I am legally responsible for this applicant and hereby apply for his/her admission to SIPI. I give my consent to emergency operations, psychiatric treatment, and dental or minor surgery, if such procedures become necessary while the student is in college. I also approve inoculations and treatment in the field of preventive medicine as may be deemed necessary by medical personnel.

Parent/ Legal Guardian Signature: _____ **Relationship:** _____

Address: _____ **Phone**: _____ **Date**: _____

How did you hear about us? ☐Campus Tour ☐College/Career Fair ☐High School Presentation ☐Referral ☐Walk-In ☐Internet ☐Tribal Office ☐Other: _____

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